

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

 State File No. 384
 Registered No. 488

1. PLACE OF DEATH,
 County Pima State ARIZONA
 Township Tucson or Village _____
 City Tucson No. 538 S. 5th Ave. St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Mrs. Martha Belle Hunt How long in State when death occurred 42 yrs. _____ mos. _____ ds.
 (a) Residence: No. Fluorance, Ariz. St. _____ Ward _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) married
 6. If married, widowed, or divorced HUSBAND of (or) WIFE of W. H. Hunt
 6. DATE OF BIRTH (month, day, and year) May 16, 1897
 7. AGE Years 42 Months one Days _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) Cochise Co. (State or Country) Ariz.

13. NAME James Louis Amalano

14. BIRTHPLACE (city or town) Minnetonka (State or Country) _____

15. MAIDEN NAME Charlotte Josephine Green

16. BIRTHPLACE (city or town) California (State or Country) _____

17. INFORMANT (Address) Fluorance, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place Fluorance, Ariz. Date 6/15/39 1939

19. EMBALMER License No. 209-A Signature Norton H. Gales

FUNERAL DIRECTOR Cole and Maund

Address Fluorance, Ariz.

20. Filed 6-15-39 1939 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 15, 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 8th, 1939 to June 14, 1939
 I last saw her alive on June 10, 1939; death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast with metastases to lymphatic system

Other contributory causes of importance:

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. V. Lyman M. D.

(Address) 310 E. 1st St. Tucson